



BOROUGH OF WILKINSBURG

CODE ENFORCEMENT DEPARTMENT

ROOM 304 THIRD FLOOR

605 ROSS AVENUE

WILKINSBURG PENNSYLVANIA 15221

PH 412-244-2923/FX 412-244-2922

Sign Permit Application

In accordance with the current Zoning Ordinance adopted August 7, 2013

APPLICATION DATE: _____ PERMIT # _____

Sign Type: ☐ Free ☐ Ground ☐ Residential ☐ Temporary ☐ Tent ☐ Wall

Applicant Name: _____ Applicant Phone (____) _____

Applicant Address: _____ City _____ State & Zip Code _____

Existing Owner _____ Telephone Number _____ E-Mail _____

Owner Address _____ City _____ State & Zip Code _____

Site Location Address _____

Type of Request (Check appropriate box and fill-in the blanks where appropriate):

☐ Store Front / Wall Signs:

☐ Ground/Pole Signs:

☐ Temporary Sale Signs:

☐ Residential Signs:

☐ Freestanding:

☐ Tent:

Wall Sign Dimension

Height _____ feet Width _____ feet Area of Sign _____

Clearance between Sidewalk and lowest part of Sign _____

Sign projects from wall _____ inches from surface area (if applicable)

Free Standing signs

Height _____ feet Width _____ feet Area of Sign _____ Height of Standard _____

Property Frontage _____ Allowable Sign Area _____ square feet

Clearance between Front Edge of Sign and curb line _____

Proposed Total Sign Area: _____ square feet

PA One Call serial number _____

CONTRACTOR INFORMATION

Business Name: _____ State Cont. Reg #: _____

Name: _____ Phone #: _____

Address: _____ Fax #: _____

City/State/Zip _____ E-mail: _____

Fees

- | | |
|--|---------------------------|
| <input type="checkbox"/> Store Front / Wall Signs: | \$100.00 + \$4.00 UCC fee |
| <input type="checkbox"/> Ground/Pole Signs: | \$100.00 + \$4.00 UCC fee |
| <input type="checkbox"/> Temporary Sale Signs: | \$60 per sign |
| <input type="checkbox"/> Residential Signs: | \$40 per sign |

Coverage Information:

WORKERS' COMPENSATION ADDENDUM

(Required to be attached to all building permit applications)

Part 1

The Applicant for the permit, in compliance with Act 44 of 1993, hereby submits, *(check one)*:

☐ Certificate of Insurance OR Certificate of Self-Insurance (Must Attach)

☐ Affidavit of Exemption

Part 2

Basis and Affidavit of Exemption

☐ Applicant is an Individual who owns the property

☐ Contractor/Applicant is a sole proprietorship without employees

☐ Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Worker's Compensation Act.

☐ All of the Contractor/Applicant's employees on the project are exempt-on religious grounds under Section 304.2 of the Worker's Compensation Act.

☐ Other: Please explain: _____

My signature on behalf of or as the Contractor/Applicant for this permit constitutes my varication that the statements contained herein are true, and that I am subject to the penalties of 18 Pa. C.S.A. 4904 relating to unsworn falsification to authorities.

Applicant Signature

Print Name: _____

Signature: _____ Date: _____

For Office Use Only

Permit Number _____

Fee Paid \$ _____

Approved By: _____ Date: _____

Title: _____